



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services

Region VIII
1600 Broadway, Suite 700
Denver CO 80202-4967

UT-0158.90.R2.04:EP

June 24, 2002

Mr. Michael Deily, Director
Division of Health Care Financing
Utah Department of Health
Post Office Box 143101
Salt Lake City, Utah 84114-3101

Dear Mr. Deily:

This is to inform you that your request to amend your home and community-based services waiver for individuals with mental retardation and developmental disabilities (MR/DD), as authorized under Section 1915(c) of the Social Security Act, has been approved.

Specifically, you requested to increase the number of days (in Appendix B-1) to provide discharge planning services from 30 to 90 days immediately prior to the date an individual living in an ICF/MR is admitted to the waiver. You also requested an increase in the number of recipients in Factor C for years 2, 3, 4, and 5. This request has been given Control Number 0158.90.R2.04, which should be used in all correspondence relating to this waiver.

The estimates of utilization and the revised cost of waiver services has been approved as follows:

<u>Year</u>	<u>Unduplicated Recipients</u>	<u>Factor D</u>
2	3,822	\$22,191
3	3,822	\$24,119
4	3,822	\$26,148
5	3,822	\$28,281

The waiver amendment request, and the additional information provided us, conforms fully to the requirements of the statute and Medicaid regulations. Therefore, the amendment will be effective January 1, 2002, as requested. We appreciate the effort and cooperation provided by you and your staff.

If you have any questions, please contact Eunice Perez at (303) 844-7036.

Sincerely,

/s/
Alex E. Trujillo
Regional Administrator